

**U.S. DEPARTMENT OF INTERIOR
PESTICIDE USE PROPOSAL
EA NUMBER: UT-08-73 / REV. 03/25/85**

NEPA REFERENCE NUMBERS: FERC/EIS -0144, CSLC ERI No. 710, BLM CACA-43346, BLM CACA-17918

STATE / FIELD OFFICE: Utah / Vernal Field Office

DATE SUBMITTED: _____

DURATION OF PROPOSAL: Usually three full years from approval date.

COUNTY (check): ☐ Daggett ☐ Duchesne ☐ Grand ☐ Uintah

LOCATION(S) (include attachments and maps): _____

TREATMENT SITE—including land type, land use, slope, soil type:

ESTIMATED ACRES: _____

SENSITIVE ASPECTS AND PRECAUTIONS—including distance from treatment site to wetlands or other sensitive areas; distance to TES species or their habitat; and measures taken intended to avoid impact:

MAJOR NON-TARGET PLANT SPECIES PRESENT: _____

PESTICIDE APPLICATION TABLES. *Please use the following tables to indicate which products will be used. The row number should be consistent throughout Tables 1, 2, 3 & 4 (i.e., row 1 in Table 1 should correspond to row 1 in Tables 2, 3 & 4, etc). Cut and paste more rows to each table if needed for additional products. Use Table 5 for adjuvants (i.e., colorants, diluents, surfactants, etc). Yellow-highlighted examples (“Exp”) are given in each table.*

It is no longer necessary to submit the product label; but in Table 2, please indicate the product label page number where application rates are specified—as shown in the examples. Use the most current product label as posted on the manufacturer’s webpage.

Do not fill in the last column in Table 3. It is for office use only, for us to compare your intended application rate against the most current Weed EIS rate.

You may submit this PUP electronically or print it, fill it out by hand and mail it in—but if your handwriting is illegible, this PUP will be returned without action.

1. PESTICIDES. Row numbers in Table 1 should correspond to same row numbers in Tables 2, 3 & 4.

Row No.	TRADE NAME	COMMON NAME	EPA REG. No.	MANUFACTURER	FORMULATION (liquid or granule)	APPLICATION METHOD
Exp	Escort XP	metsulfuron methyl	352-439	DuPont	dry granular	Pickup or ATV unit
Exp	Round-Up Pro	glyphosate	524-475	Monsanto	liquid	backpack spray
1						
2						
3						
4						

2. APPLICATION RATE ACCORDING TO PRODUCT LABEL. Indicate product label page number where application rate is given, as shown in examples. Rows correspond to rows in Table 1.

Row No.	TRADE NAME	MAXIMUM ALLOWABLE APPLICATION RATE ON PRODUCT LABEL	RATE PER ACRE RECOMMENDED ON PRODUCT LABEL	for liquid formulations only: POUNDS ACID EQUIVALENT (AE) PER ACRE
Exp	Escort XP	(pg.3) 4 oz / acre	(pg. 5) 0.5 - 2.0 oz / acre	NA
Exp	Round-Up Pro	(pg.2) 10.6 qts / acre	(pg. 8) 1 - 2 qts / acre	0.75 - 1.5 Lbs AE / acre
1				
2				
3				
4				

3. INTENDED APPLICATION RATE. Rows correspond to rows in Table 1.

Row No.	TRADE NAME	INTENDED APPLICATION RATE	for dry formulations only: INTENDED POUNDS ACTIVE INGREDIENT / ACRE	for liquid formulation only: INTENDED POUNDS ACID EQUIVALENT / ACRE	for office use only: VEIS RATE / ACRE (AE, AI, or formulated product)
Exp	Escort XP	1 oz / acre	0.6 oz AI / acre	NA	0.15 Lbs AI / acre
Exp	Round-Up Pro	1 - 2 qts / acre	NA	0.75 - 1.5 Lbs AE / acre	7.0 Lbs AE / acre
1					
2					
3					
4					

4. PESTICIDE TIMING & TARGET. Rows correspond to rows in Table 1.

Row No.	TRADE NAME	TREATMENT DATE	NUMBER OF TREATMENTS	TARGET WEED
Exp	Escort XP	15 Apr - 30 Oct	1-2 per year, as needed	all
Exp	Round-Up Pro	15 Apr - 30 Oct	1-2 per year, as needed	all
1				
2				
3				
4				

5. ADJUVANTS (COLORANTS, DILUENTS, MARKERS, SURFACTANTS, ETC)

TRADE NAME		ADJUVANT TYPE	MANUFACTURER	APPLICATION RATE ON PRODUCT LABEL	INTENDED APPLICATION RATE	FOR USE WITH WHICH HERBICIDES?
Exp	Hi-Light	colorant	Becker Underwood	16 oz / 100 Gal solution	16 oz / 100 Gal	Escort XP, Roundup Pro

The following must be filled out legibly and signed. If your handwriting is in any way illegible, this PUP will be returned to the sender without action.

*“Originator” refers to the company which needs herbicides applied—e.g., Basin Oil, Inc.
“Applicator” refers to the company which will apply the herbicide—e.g., Basin Annihilo-Weed, Inc.*

Use the back page for additional applicators, if needed.

Originator company: _____

Originator contact name: _____

Originator contact phone number(s): _____

Originator mailing address: _____

Applicator company name: _____

Applicator printed name: _____

Applicator license no.: _____

Applicator e-mail address: _____

Applicator phone & fax numbers: _____

Applicator mailing address: _____

I will ensure that the pesticide(s) and pesticide products will be applied in accordance with product label restrictions, and according to the information presented above, and according to BLM modifications (if any). I will also ensure that a Pesticide Use Application Record will be submitted to the BLM Vernal Field Office by December of each year for the duration of this PUP.

Applicator or Originator signature: _____ **Date:** _____

Printed / typed name: _____

To be signed and approved by BLM personnel:

FO Pesticide Coördinator signature: _____ **Date:** _____

FO Manager approval: _____ **Date:** _____

State Coördinator signature: _____ **Date:** _____

Deputy State Director approval: _____ **Date:** _____

___ **APPROVED**

___ **DISAPPROVED**

___ **APPROVED WITH MODIFICATIONS (see below):**

Modifications (*office use only*):

List additional applicators here. Cut and paste for still more applicators if needed.

Applicator company name: _____

Applicator printed name: _____

Applicator license no.: _____

Applicator e-mail address: _____

Applicator phone & fax numbers: _____

Applicator mailing address: _____

Applicator company name: _____

Applicator printed name: _____

Applicator license no.: _____

Applicator e-mail address: _____

Applicator phone & fax numbers: _____

Applicator mailing address: _____

Applicator company name: _____

Applicator printed name: _____

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